

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

GAINS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18		1				
19		1				
20	1	1				
21	1					
22	1					
23						
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45	1					
46		1				
47		1				
48		1				
49	1					
50	1					
TOTAL IND.		1				
TOTAL DEP.		1				
TOTAL CLAIMS						

	RND	DEP	RND	DEP	RND	DEP
51		1				6
52		1				
53						
54		1				
55						
56		1				
57						
58		1				
59						
60		1				
61						
62		1				
63						
64		1				
65		1				
66	1					
67		1				
68			1			
69			1			
70		1				
71						
72		1				
73			1			
74		1			1	
75						
76		1				
77						
78		1				
79			1			
80		1				
81		1				
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85						
86						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL RND.						
TOTAL DEP.						
TOTAL CLAIMS						